

## Other

### MP2-9.

#### RETROPERITONEAL FIBROSIS: CHALLENGE IN DIAGNOSIS AND TREATMENT – A SINGLE INSTITUTE EXPERIENCE

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**Purpose:** The diagnosis and treatment of retroperitoneal fibrosis is still difficult in clinical practice. Some articles were tried to analyze the characteristics of these patients and compare the treatment efficacy. However, there is still much to be mentioned. This study was aimed to describe the clinical manifestations, laboratory results, diagnostic tool, and treatments in patients with retroperitoneal fibrosis at Taipei Veterans General Hospital.

**Materials and Methods:** From January 2005 to August 2015, we retrospectively reviewed the patients who were diagnosed with retroperitoneal fibrosis via ICD-9 code(594.3). The data we collected including age, sex, height, weight, BMI, BSA, initial renal function, serum IgG4 level, hydronephrosis condition, diagnostic tool, further treatment and post-treatment renal function.

**Results:** Total 30 patients were included, 23 were male (77%) and 7 were female (23%). Mean age was  $65.9 \pm 16.37$ . Biopsy specimens were available in 13 cases (43%). The mean serum creatinine at diagnosis was  $2.28 \pm 1.85$  mg/dL. Half of the patients had serum IgG4 test, and the mean was  $249.3 \pm 205.1$  mg/dL. Twenty-one patients (70%) were treated with ureteral procedures only (17 double J stenting, 2 reconstruction and 2 ureterolysis), 2 patients (7%) with medications only, and 3 patients (10%) with a combination of medical and double J stenting. Corticosteroids were initiated in 5 patients (17%), and immunomodulator was used in 2 patients (7%). Follow-up data were available in 27 patients (90%). Creatinine levels were normal ( $<1.5$  mg/dL) at last visit in 16 patients (59%) of the 27 patients. More than half patient (53%) with improved renal function(creatinine) was under ureteral procedure (double J stenting, reconstruction and ureterolysis).

**Conclusion:** Retroperitoneal fibrosis in Taipei Veterans General Hospital was diagnosed mostly via laboratory results (IgG4 in 15 patients and increased level in 10 patient) or biopsy (43% of 30 patients with fibrosis in pathology report). Ureteral procedure (double J stenting, reconstruction and ureterolysis) was preferred as compared with medication only.

### MP2-10.

#### ANALYSIS OF THE USAGE AND REPAIR OF FLEXIBLE URETEROSCOPE—5-YEAR EXPERIENCE OF CHI-MEI HOSPITAL

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**Purpose:** The frequency usage of flexible ureteroscopy has increased in the diagnosis and treatment of upper-tract disease in recent years. Flexible ureteroscope allows endoscopic access to the ureter and kidney. However, maintenance and repair of scopes may increase the total procedure expense.

**Materials and Methods:** In Chi-Mei Hospital, we started using flexible ureteroscopes since 2009. Starting from January 2011, we have two Olympus flexible ureteroscopes URF-P5. Cases were performed by senior residents under the supervision of attending urologists. In this study, we prospectively recorded the use and damage from January 2011 to December 2015. The damages of ureteroscopes were inspected by the maintenance department from our hospital, then the repair performed by the original manufacturer.

**Results:** January 2011 to December 2015, two flexible ureteroscopes were used in 379 surgeries. The usages each year were 44 times in 2011, 77 in 2012, 82 in 2013, 54 in 2014, and 112 times in 2015. A total of 10 reports of damage were recorded (2.64% of total uses). Seven major damages (1.85% of total uses) because of breakage of bending rubber from distal part required comprehensive repairs from the original manufacturer and replacement of distal segment. The major damage rates each year were 2.27% in 2011, 0% in 2012, 2.44% in 2013, 1.85% in 2014, and 0.89% in 2015.

**Conclusion:** Flexible ureteroscopes are fragile instruments. As the usage of flexible ureteroscopes increase, there is a notably increasing expenses associated with instrument repair. In our 5-year experience, we find that with the improvements of familiarity with the device, we can decrease the risk of major damage, thus decrease the maintenance expenses and improve the ureteroscope durability.

## Moderated Poster-3

### Female Urology & Urodynamics

#### MP3-1.

#### REPEAT SUBURETHRAL SLING PROCEDURE IS EFFECTIVE FOR RECURRENT FEMALE STRESS URINARY INCONTINENCE

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**Purpose:** To investigate the effectiveness of repeat suburethral sling for recurrent stress urinary incontinence (SUI) in women.

**Materials and Methods:** From May 1994 to November 2015, 35 women with SUI who received repeat suburethral sling procedure were retrospectively reviewed. The treatment outcome was assessed by direct or telephone interview. Patients also received transrectal sonographic examination of the bladder and urethra. The sling position and urethral incompetence during straining was examined after sling procedure.

**Results:** The overall continence rate after repeat sling procedure was 71.4% (25/35) within 10 years of follow up. Of the 35 women, 19 received a simple retropubic pubovaginal sling procedure (PVS), 16 received combined PVS and other pelvic floor surgery. The overall success rate in the simple PVS group is (16 out of 19, 84.2%) whereas in the concomitant surgery is (5 out of 16, 31.3%),  $p=0.001$ . The overall success rate in the earlier 17 women was 88.9% vs. 11.1% ( $p=0.015$ ) in simple PVS and combined procedure, respectively. The success rate in the latter 18 women was 80.0% vs. 20.0% in simple PVS and combined procedure, respectively ( $p=0.145$ ). Sling position was identified in 25 women after repeat simple PVS. The success rate was 50% (2/4) at bladder neck, 87.5% (7/8) at proximal urethra, 36.4% (4/11) at middle urethra, and 0% (0/2) at distal urethra ( $p=0.122$ ). Only 1 patient had bladder injury during simple PVS procedure. Urinary tract infection developed in 3 patients (8.5%), 2 had postoperative bladder outlet obstruction necessary for urethrolisis (5.7%) and sling erosion was noted in 2 (5.7%). Age, body mass index (BMI), parity, and the status of previous hysterectomy showed no significant difference in influencing the continence rate of repeated sling.

**Conclusion:** Repeat suburethral sling procedure for recurrent SUI was safe and effective. The sling position of PVS procedure at the proximal urethra had a relatively higher continence rate than locating at the other site.

#### MP3-2.

#### ENDOMETRIOSIS IS A RISK FACTOR OF INTERSTITIAL CYSTITIS/BLADDER PAIN SYNDROME WITHIN SHORT INTERVAL – A NATIONAL POPULATION-BASED STUDY

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**Purpose:** Interstitial cystitis/bladder pain syndrome (IC/BPS) and endometriosis frequently coexist and elusive. Both diseases share similar symptoms which are common contribute to chronic pelvic pain. This study aimed to evaluate if endometriosis is a risk of IC/BPS.

**Materials and Methods:** From a national insurance database, we identified women newly diagnosed with endometriosis between 2002 and 2013. Those with a history of IC/BPS before endometriosis diagnosis were excluded. All women were stratified into two subgroups based on the propensity scores of 10 confounding factors, including age and nine comorbidities (irritable bowel syndrome, depressive disorder, anxiety, fibromyalgia, stress incontinence, acute cystitis and chronic urinary tract infection). All were followed until the end of 2013 to detect the event of IC/BPS diagnosis. The hazard ratio (HR) of IC/BPS in the endometriosis cohort